

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12264

State File No.

2190

Registrar's No.

FILED MAR 18 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wayne Piedmont 1110	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) Rural Route	
d. FULL NAME OF HOSPITAL OR INSTITUTION Marian Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Millie b. (Middle) c. (Last) Sanders			4. DATE OF DEATH (Month) (Day) (Year) 2-25-53			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr 7, 1872	9. AGE (in years last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Baty Chitwood		13b. MOTHER'S MAIDEN NAME Elizabeth Lewis		14. NAME OF HUSBAND OR WIFE Sam Sanders	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Helen Bonney, 2208 College	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Sarcoma of R Lung		INTERVAL BETWEEN ONSET AND DEATH 2 mon
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sarcoma of Right Leg -		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Dec 18 52		19b. MAJOR FINDINGS OF OPERATION Sarcoma of R Leg below the knee		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1991	

22. I hereby certify that I attended the deceased from **Jan 3, 1952, to Feb 25, 1953**, that I last saw the deceased alive on **Feb 25, 1953**, and that death occurred at **2:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. B. Fritschel		23b. ADDRESS 3306 So 13th		23c. DATE SIGNED 2-25-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-25-53		24c. NAME OF CEMETERY OR CREMATORY Ellington, Mo.	

DATE REC'D BY LOCAL REG. FEB 26 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Pewitt F.H., Ellington, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed M. W. Rueler

Licensed Embalmer No. 4865

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.